

**RI Governor's Commission on Disabilities**

**Form D 2 . Disability Rights Complaint and Mediation Request**

**GOVERNMENT SERVICES DISCRIMINATION**

**INSTRUCTIONS**

**GOVERNMENT SERVICES** - if the discriminatory action relates to services provided by an agency of the State of Rhode Island, a municipality (city or town), a public school district, fire district, or other local government agency. The Commission is not authorized to receive complaints against United States Government Agencies. These complaints should be filed with the US Department of Justice, Civil Rights Division, PO Box 66118, Washington, DC 20035-6738. phone number 1-800-514-0301 (voice) or 1-800-514-0383 (tty).

The Commission does not have the authority to order the agency to stop the discrimination. If you complete this form the Commission will contact the agency, attempt to set up meetings between you, the agency and mediators, to allow all the parties to jointly develop a solution to the problem(s).

You should also file a government services discrimination charge with the United States Department of Justice/ Civil Rights Division/ ADA Office; and / or the RI Commission for Human Rights.

If you want the Commission to attempt to resolve your complaint through mediation,

***please completed*** Part 1 . GENERAL INFORMATION ***on page 1***

***the Sections of*** Part 2 . TYPE OF DISCRIMINATION ***that relates to your case on pages***

Section A I was unable to participate in services:.....2

Section B The agency's ADA/504 plans & procedures: .....3

Section C I asked the agency to make the reasonable modifications of its policies, practices, or procedures, but the agency did not:.....3

Section D I was denied (or restricted in) services:.....3

Section E I was provided a service that was not the same: .....4

***also complete*** Part 3 . DESCRIPTION ***on page 4***

***and read and sign*** Part 4 . MEDIATION CONSENT ***on page 5***

***then return it to the:*** **RI Governor's Commission on Disabilities**

**41 Cherry Dale Court**

**Cranston, RI 02920-3049**

***and keep a completed copy for your records.***

If assistance is needed, due to your disability, in completing this form, the Commission's staff will assist. You may also provide the requested information on an audio cassette instead of filing this form.

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**GOVERNMENT SERVICES DISABILITY DISCRIMINATION**

**Part 1 . GENERAL INFORMATION (Please Print or Type)**

<b>Your Name:</b>				
<b>Mailing Address:</b>				
<b>Phones [include area code if outside RI]:</b>	<b>Voice #</b>	<b>Fax #</b>	<b>TTY #</b> <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>if you use a tele-text device (TTY/TDD)</b>
Home:				
Work:				

<b>Information of the business or agency you are filing against:</b>			
Agency Director's or Administrator's Name:			
Agency Name:			
Address:			
Phone:	Voice:	Fax	TTY
<b>Please specify the date(s) the alleged discrimination took place:</b>			

<input checked="" type="checkbox"/> <b>Check off Type of agency:</b>	
<input type="checkbox"/> State agency	<input type="checkbox"/> Public school district
<input type="checkbox"/> Municipal government agency, name the city or town	
<input type="checkbox"/> Fire district	<input type="checkbox"/> Public housing authority
<input type="checkbox"/> Non-profit agency	<input type="checkbox"/> Private Business

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**Does the agency know you have a disability ?**    ☒    YES ☐    NO ☐  
(if yes, how did the agency find out: did you complete a self- identification of disability/handicap form; verbally advise an employee; etc.)

**Part 2 .    TYPE OF DISCRIMINATION**

☒ **Please check off the most appropriate area(s) relating to the action that was taken against you that you believe was discriminatory.**

**Section A    *I was unable to participate in services because:*** ☒

<input type="checkbox"/> the programs or activities are only provided in older facilities that are not physically accessibility	<input type="checkbox"/> they fail to maintain the access devices /equipment (wheelchair lifts, automatic doors, reading machines, TTYs, etc.)
<input type="checkbox"/> new facilities (built after 1978) are not totally accessibility	<input type="checkbox"/> transportation services are not totally accessible
<input type="checkbox"/> the agency altered (renovated) an older facilities but did not make it physically accessible	<input type="checkbox"/> the agency selected an inaccessible site for providing a new or moving an existing service or activity
<input type="checkbox"/> there is not direct tele-text (TTY, TDD, TT) communications to emergency services	<input type="checkbox"/> the facilities lack informational signage in raised letters and/or Braille
<input type="checkbox"/> the agency refuses to accept phone calls from the TTY - Telephone relay service	<input type="checkbox"/> <b>OR</b> refuse to call me using the TTY - Telephone relay service, even though I requested that they do so.
<input type="checkbox"/> the agency never posted (on notices, in letters, on walls of facility, etc.) the procedure for requesting the follow the auxiliary aids and/or services	<input type="checkbox"/> the agency adopted eligibility criteria that screen out people with disabilities

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<b>Section B</b> <i>the agency's ADA/504 plans &amp; procedures were never:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> completed its self evaluation of current services, policies, and practices	<input type="checkbox"/> implemented the compliance plan
<input type="checkbox"/> transition plan for barrier removal in existing buildings	<input type="checkbox"/> implemented the transition plan for barrier removal in existing buildings
<input type="checkbox"/> transition plan for barrier removal at pedestrian crosswalks and sidewalks	<input type="checkbox"/> implemented the transition plan for barrier removal at pedestrian crosswalks and sidewalks
<input type="checkbox"/> posted the notice of nondiscrimination	<input type="checkbox"/> established an ADA Grievance procedure
<input type="checkbox"/> appointed an ADA Compliance Coordinator	
<b>Section C</b> <i>I asked the agency to make the reasonable modifications of its policies, practices, or procedures checked below, the agency did not provide:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> qualified interpreters	<input type="checkbox"/> note takers
<input type="checkbox"/> a transcription of what was said	<input type="checkbox"/> written report of what was said
<input type="checkbox"/> telecommunication devices for the deaf (TTY/TDD)	<input type="checkbox"/> assistive listening devices/systems at meetings and hearings
<input type="checkbox"/> telephones compatible with hearing aids	<input type="checkbox"/> telephone handset amplifiers at phones
<input type="checkbox"/> open and closed captioning of government funded video tapes and TV	<input type="checkbox"/> closed caption decoders on TVs
<input type="checkbox"/> video text displays	<input type="checkbox"/> qualified readers
<input type="checkbox"/> audio recordings of printed material	<input type="checkbox"/> Braille copies of printed material
<input type="checkbox"/> large print versions of printed materials	<input type="checkbox"/> taped texts of printed material
<input type="checkbox"/> or modify equipment or devices so I could use them	
<b>Section D</b> <i>I was denied (or restricted in) the:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> opportunity to participate in or benefit from services or activities that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate on an advisory board that was available to others who are not disabled
<input type="checkbox"/> taking of a licensing or certification examination that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate in a public hearing that was available to others who are not disabled
<input type="checkbox"/> opportunity to be selected as a state government contractor that was available to others who are not disabled	
<input type="checkbox"/> enjoyment of any right, privilege, advantage, or opportunity provided by the agency that was available to others who are not disabled (describe in the space below):	

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<b>Section E</b> <i>I was provided a service that was:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> not as effective as others are provided	<input type="checkbox"/> different or separate aids, benefits, or services
<input type="checkbox"/> segregated or not in the most integrated site so I could receive those services with people who are not disabled.	<input type="checkbox"/> that was the same but I was charged an extra fee (a surcharge) for auxiliary aids or services, (an interpreter, reader, sighted guide, wheelchair seating, etc.)

<b>Part 3 .    DESCRIPTION</b>
<p><b>Please explain below what action was taken against you that you believe was discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action?</b></p> <p><b>Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.</b></p>
{ Add additional sheets if necessary }

<b>Have you sought any assistance about the action you think was discriminatory from any other government agency, civil rights enforcement agency or from any other source? (if yes please indicate)</b> <input checked="" type="checkbox"/>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Name of the source(s) of assistance:			
Address:			
Phone:	Voice:	Fax	TTY
<b>and the result if any:</b>			

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<b>Have you sought the assistance of a lawyer?</b> (if yes please indicate)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of the lawyer:					
Address:					
Phone:	Voice:	Fax	TTY		
<b>Do you wish to be represented by that lawyer during mediation?</b>				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Part 4 . MEDIATION CONSENT**

I understand that the Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints through mediation. The Commission will send a copy of this form to the business or agency that I have filed against and urge them to mediate the complaint. The Governor's Commission on Disabilities is not empowered to compel that a business or agency participate in mediation, except a state government agency.

I further understand that I may pursue my complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation. If the mediation is completely successful, the business or agency I have filed against will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint.

**I agree to participate in the Commission's effort to mediate my complaint.**

(signature)	(date)

**Return it to the: RI Governor's Commission on Disabilities**  
**41 Cherry Dale Court**  
**Cranston, RI 02920-3049**  
**and keep a copy of the completed form for you records.**

<b>To be completed by the Governor's Commission on Disabilities</b>	
<b>Received at the Commission on :</b>	
<b>Assigned case #</b>	